

HUDSON VALLEY COMMUNITY COLLEGE
HIGH SCHOOL EQUIVALENCY
SCHOLARSHIP REQUEST FORM

Student Name: _____

SS# _____

Date of Birth: _____

Address: _____

Telephone (Home) _____ (Cell) _____

Email Address: _____

DETERMINATION OF INCOME ELIGIBILITY GUIDELINES

Please submit a copy of your 2024 Income Tax Return or a paystub along with this form.

HOUSEHOLD SIZE	INCOME		
	Year	Month	Week
1	27,861	2,322	536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876

For each additional family member add